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** CONTINUING DATA *****

This application is a DIV of 09/201,953 12/01/1998 PAT 6,267,834
which is a CON of 08/423,762 04/17/1995 PAT 5,641,373

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/04/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Examiner's Signature _____ Initials _____					

ADDRESS

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TITLE

Radially expandable tape-reinforced vascular grafts

FILING FEE RECEIVED 746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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